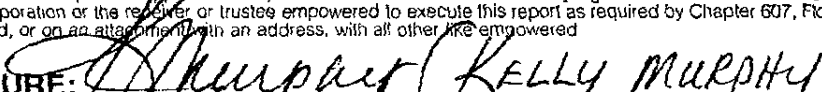


FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # S90322				Mar 16, 2006 08:00 AM	
1. Entity Name KELLY'S COCOONS, INC.				Secretary of State	
Principal Place of Business 2496 PALM RIDGE RD. SUITE C SANIBEL FL 33957		Mailing Address 2496 PALM RIDGE RD. SUITE C SANIBEL FL 33957			
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E034 (10/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0294311	
City & State		City & State		Applied For Not Applied	
Zip Country		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUTCHER, RAY 9475 BEVERLY LANE SANIBEL FL 33957				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD ☐ Delete NAME CRUTCHER, RAY STREET ADDRESS 9475 BEVERLY LANE CITY-ST-ZIP SANIBEL FL 33957			TITLE ☐ Change ☐ Add NAME STREET ADDRESS U00000470518 CITY-ST-ZIP 03/28/06-80018-001 150.00		
TITLE VSTM ☐ Delete NAME MURPHY, KELLY STREET ADDRESS 2496 PALM RIDGE RD./ P.O. BOX 127 CITY-ST-ZIP SANIBEL FL 33957			TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other here empowered					
SIGNATURE:  3/15/06 239-472-6					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					